

# The Habit

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### ATTA BOY AWARD

Butte, Montana - "A Community in Action"  
By: Marko Lucich

The "Atta Boy Award" will be a featured article in each issue of the Habit. If you have any contributions or suggestions please contact Marcia Armstrong, Department of Institutions, 1539 11th Avenue, Helena, MT 59620 (406) 444-2878

The above title is one that we as a community adopted when we did the film, "The Time Of Our Lives." This film was about two Butte High School seniors who were killed in an automobile wreck in March of 1984. Thanks to the King and Pelletier families and D.U.I. monies received from Al Goke's Office and a lot of hard work by the Montana State University film Department, this film became a reality. This film has been shown extensively throughout the state of Montana and other northwestern states. In 1985, this film won the Montana Broadcasting Association Film Of The Year Award.

Before actually getting into what Butte has been doing as a community, I would be very negligent without stating why our programs are working in our community. It is a combined effort of our District Court Judges, Justices of the Peace, Police Court Judge, County Attorney's office and staff, the Sheriff, Butte Alcohol and Drug Program, the Butte Silver Bow Law Enforcement Agency, the Superintendent of Schools, school trustees, principals, secretaries and teachers, our Chief Executive and Council of Commissioners and a large amount of concerned citizens and parents. As you see our story unfold it is because of the support of all of these people that we have been able to accomplish all of our endeavors to date. Our program starts in the kindergarten level with Positive Action.

### POSITIVE ACTION

School District #1 implemented the Positive Action Program in the grades K-6 in the fall of the 1985-86 school year. This was done through a grant from the DUI Task Force. This again, was done with a combination of grant monies. The DUI Task Force and the Drug and Alcohol Grant from the federal government, through the Office of Public Instruction, have made this expansion possible. We have also purchased additional materials for the 5th and 6th grades in the public school system. Butte Central and Ramsey are also using the Positive Action Program Curriculum throughout their systems.

There is a strong belief among the experts in the field of drug and alcohol abuse that education and prevention are most effective, and in the long run, much cheaper than intervention and treatment. This is true not only in a financial vein, but in terms of lives ruined, families torn apart, and the general devastation caused by drug and alcohol abuse.

### DRUG-FREE SCHOOLS & COMMUNITIES ACT OF 1986

The Drug-Free Schools and Communities Act of 1986 made monies available to the schools and communities across the nation to fight drug and alcohol abuse. For school districts, these grants are disbursed and coordinated through the Office of Public Instruction. School District #1, which for the purpose of this grant, includes Butte Central and Ramsey, received a grant in the amount of \$29,241.00. This amount is for the first year of a three year grant. The amount allocated to each district is determined by the student population. We have developed a program and budget which we believe to be comprehensive and a wise expenditure of these funds.

The program includes the expansion of our Positive Action Curriculum, education and awareness activities for students, staff training, and inservice training. These are just some of the activities we are involved in. We also hope to use some of the funds for more parent and community awareness. Those of us involved in this program believe Butte-Silver Bow is not only a community that "Can-Do", but also a community that "Will-Do".



"A Community in Action" continued...

### BUTTE HIGH SCHOOL HEALTH CLASSES

In the Freshmen and Sophomore health classes this year we presented a two week program in each class dealing with chemical abuse, child abuse, and suicide. The chemical abuse portion of the program was conducted by the Butte High School Focus Team and Joan Cassidy of the Butte Drug & Alcohol Program. The child abuse section of the program was conducted by Ed Heard, Student Attendance Officer in School District #1. The sessions on suicide were presented by Bob Heard, School Psychologist in School District #1.

We presented this in the last two weeks of October for the Freshmen and the first two weeks of November for the Sophomores. In conjunction with this program we showed the film "The Time Of Our Lives", followed by discussion groups for both students and parents.

### B.E.S.T. (BETTER THAN EVER STUDENTS TOGETHER)

B.E.S.T. is a community awareness program made up of Butte area high school students. The goals of this group are to educate Butte in the areas of self-esteem, peer pressure, stress, communication skills, family relations, suicide, and chemical abuse. The youths have attended camps which they call "Camp Feel Good". Approximately 150 Butte youth have participated in these camps during the last couple of years. These are youth from both Butte High and Butte Central - youth from all segments of the student body.

B.E.S.T. has sponsored New Year's Eve parties for the last two years and plans are being made for next New Year's Eve. They've had a St. Patrick's Day Party for youth.

B.E.S.T. sponsored a dance and lip-sinc at Butte High last spring. They had several garage sales, a car wash and the B.E.S.T. "Jail Break", in June in order to get enough money for 38 youth to attend summer camp by Big Timber this past summer.

B.E.S.T. created the idea, and worked very hard on the "Butte Spirit Night". Youth were invited to Stodden Park, where there was a band, games, hot dogs and soft drinks and a dance on the lawn. Approximately 500 attended, including students from both schools. Games included "Dunk a Cop", a greased pig contest, three legged races, and volleyball. They sponsored a dance at the Armory after the Butte-Central game with approximately 700 attending.

B.E.S.T. is encouraging the student body to be more involved in cheering for games and other school activities. They have developed a group called "K-9 Power" at Butte High School.

B.E.S.T. is in the process of developing a little Brother and Little Sister Program at Butte High to welcome all incoming Freshmen. The purpose of this program is to make the transition into Butte High much easier.

### CAMPS

Four years ago Butte sent seven students to the Montana Teen Institute. From that point until the present, we have sent approximately 100 students to M.T.I. As a result of the state M.T.I., the Butte students have decided to sponsor their own mini camp in conjunction with sending students to the state camp.

In March of 1987, the first camp was held. The theme was "Nothing's Going to Stop Us Now" with seventy students attending. In October, 1987 the second camp for 9th and 10th graders was held with the theme - B.I.O.N.I.C. (Believe It Or Not I Can). Camp #3 which will be held February 19-21 is for 7th and 8th graders from the whole community (Ramsey, Butte Central, and East Middle School). The theme is F.A.I.T.H. (Friends Are Indeed The Happiest). Camp #4 will be March 17-21. The emphasis is on sophomores and juniors at the two high schools.

Future plans for B.E.S.T. are the following: cross age tutoring at the 9th grade level in April, parent workshops with the students doing the presentations, expansion of our little Brothers and Sisters Program and a Hawaiian Party at the Butte Civic Center on April 1st.

We also plan to send 12 students to the Montana Teen Institute this summer.

"A Community in Action" continued...

## COMMUNITY INTERVENTION

Through the generosity of many of our business people, and a combination of school district money and grant money, we have approximately 125 people in our community who have attended a Community Intervention Workshop. If you have any ideas or suggestions as to how we could better utilize the talents and expertise of these concerned community people, please let me know.

## "CAN-DO/WILL-DO"

We firmly believe that to be able to make an effective impact on the drug and alcohol problems in our community we need a comprehensive program with a concerted effort from everyone involved. From the Positive Action Curriculum in kindergarten to the Concerned Persons Groups at Butte High School, to the Board of Trustees, we need the cooperation of everyone to really be successful.

On the community level we need continued cooperation of Judges, Law Enforcement, Probation Office, the Drug and Alcohol Program and the many concerned parents.

Every student that is caught for possession of alcohol either by the police or by school officials attends Insight classes under the direction of the Butte Alcohol and Drug Program. Co-facilitators have included school personnel, probation officers, and police officers. As we have said in the past, this problem can not be addressed by only one segment or faction of our community. We really do have a good start but we need to continue our present efforts and continue to expand. This problem was not created overnight nor can it be solved in that time span. We wish to take this opportunity to thank all of the people of Butte who have worked so hard in the past and to ask that you continue your efforts.

Thank you Marko for sharing your community's accomplishments.' Butte indeed is a community on the move.

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## TEACHERS, YOU CAN TELL YOUR SCHOOL SYSTEM'S DRUG POLICY IS FOR REAL IF . . .

- o You know what happens to a student caught with drugs--and that the same thing happens to every kid caught with drugs.
- o Students suspended for drug offenses can get their suspensions reduced if they obtain help.
- o You've been trained to recognize kids who use or are at risk for using drugs.
- o You know the name of the staff member responsible for referring kids caught using drugs to in-school support groups or outside help.
- o Your drug referral program actually identifies kids at risk for drug abuse as well as current abusers.
- o Students who are returning from treatment or are at risk for drug abuse have support groups on campus.
- o The central office has solid statistics on drug referrals and other evidence of rule violations.
- o The drug curriculum starts at kindergarten and goes through grade 12.
- o You've had training in dealing with substance abuse as a disease that requires intervention and treatment.
- o Your school consciously encourages students to find healthful, drug-free activities in school and outside.
- o You can name the administrators, parents, colleagues, and others on your school's drug awareness team.
- o You've seen school board members at events in your antidrug program.

FROM: NEA TODAY, March, 1987.



## FEDERAL FUNDING FOR FY88

The Department of Institutions, Treatment Services Division, Chemical Dependency Bureau, receives two federal Block Grant awards for distribution to state approved chemical dependency programs. They are the Alcohol, Drug and Mental Health Services (ADMS) and the Alcohol, Drug Treatment and Rehabilitation (ADTR) Block Grants.

### ADMS

In 1981, the Congress consolidated ten grant programs for alcohol, drug abuse, and mental health services into the Alcohol, Drug Abuse and Mental Health Service Block Grant. Under this Block Grant administered by the Department of Health and Human Services (HHS) states assumed additional responsibilities for providing alcohol, drug abuse, and mental health services. Within certain statutory limits, states can determine program needs, set priorities, allocate funds, and establish oversight mechanisms. When the ADMS Block Grant was created, funds were allocated among states in proportion to the amounts allocated under the prior categorical grant program.

In creating this Block Grant, Congress established a number of constraints, which include limits on state's discretion to transfer funds among alcohol and drug and mental health services; states must use a minimum of 35% on alcohol services and a minimum of 35% on drug services other than alcohol; and states must use 20% of their alcohol and drug abuse allocation to fund prevention and early intervention programs designed to discourage abuse. Also, states must use not less than 5% of the total Block Grant to initiate or provide new or expanded alcohol and drug abuse services for women. Montana's FY87 award was \$948,000 for alcohol and drug services of which approximately 43% will be spent on drugs other than alcohol and the balance, 57%, spent on alcohol services. Chemical dependency programs are required by contract to serve a specific percentage of women and spend a certain percentage of their funds for prevention. These activities are monitored by reports of goals and objectives and through expenditure reports received by the Department.

### ADTR

This Block Grant was borne out of the Drug Enforcement, Education and Control Act of 1986, Public Law 99570. While most of the funding from this Act went for drug enforcement and interdiction activities, Drug and Alcohol Education, Prevention, Treatment, and Rehabilitation Programs did receive a large amount through various agencies. In Montana, recipients include Office of Public Instruction, Department of Justice and Department of Institutions. The Department of Institutions only receives the ADTR Block Grant. Montana's ADTR award for 1987 was \$627,000, of which 45% is based on population and 55% on a need formula.

1988 began on an optimistic note for alcohol and drug treatment and prevention services as funding for both the ADMS and ADTR grants were reappropriated for FY88.

Montana has already received the ADMS award for \$917,824. We expect to receive an application form to apply for the 1988 ADTR funding in March and at that time we should know the exact amount of the allotment for FY88. As with all Alcohol and Drug Block Grant funds, Montana will have two years in which to spend the awards. Montana could not have received this news at a better time (see following article on continued decline in earmarked tax revenue).

At the present time it is our intent to utilize the FY88 awards in the following manner:

- 1) To maintain current level chemical dependency treatment, rehabilitation and prevention services statewide;
- 2) Purchasing residential services from free-standing treatment programs for indigent youth who are not eligible to receive alcohol and drug services under the Department of Social and Rehabilitative Services criterion.
- 3) Purchasing residential services from free-standing treatment programs for indigents in the eastern part of the state due to the large geographical distance to the Montana State Hospital, Alcohol Service Center at Galen, Montana; and
- 4) Purchasing additional transitional living services; and
- 5) Expansion of outreach and outpatient services.

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## CONTINUED DECLINE IN EARMARKED TAX REVENUE

Liquor and beer sales have been continually declining over the past few years. This year, not only has this trend continued but wine sales which had been increasing, apparently peaked in FY87 and is beginning a downward slide. There are many factors influencing the sale of liquor, beer and wine including the economy, decrease in population, aggressive treatment and prevention activities, including educational courses (ACT and MIP), stricter regulations and enforcement of driving under the influence, and the increase in the legal drinking age. Because of this continued decline in earmarked revenue, it now appears that funding for chemical dependency programs at the county level will be as much as \$100,000 short over the Department's original projections for FY88 and over \$200,000 in FY89. This continued decline presents a tremendous problem for public funded alcohol and drug treatment programs in Montana. With this constant decline in the primary source of funding it is very difficult for programs to plan for the future. Programs have been able to maintain current level services only because of 1) aggressive efforts to bill and collect from those individuals who have the ability to pay for services, 2) insurance payments, and 3) the supplemental federal funds from the Alcohol, Drug and Mental Health Services (ADMS) Block Grant and the new Alcohol and Drug Treatment (ADTR) Block Grant that have been awarded to Montana. However, the future of federal funds is still unclear and unless the funding mechanism for chemical dependency programs is changed, a continued decrease in the consumption of liquor will continue to result in a reduction of funding available to chemical dependency programs which depend upon that public funding. Presently, if it were not for federal funds, distribution at the local level would be decreased by about 30%.

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## PRODUCT LIABILITY LAWSUITS BROUGHT AGAINST BEVERAGE INDUSTRY

Three lawsuits have been filed in Washington State on behalf of FAS children injured during their pre-natal development period when their mothers ingested alcohol sold without warning labels by brewers, distillers, and wineries. Christine Lubinski, NCA's Washington (D.C.) representative said, "Refusal to warn - a fundamental corporate responsibility in a democratic society - has devastated the lives of innocent children."

The suits were brought by Barry M. Epstein, Esq. against such familiar beverage producers as Jim Beam, Heileman Brewing, Heublein, Anheuser-Busch, California Cooler, and the Strob Brewery. For more information contact Christine Lubinski at (202) 737-8122.

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THE MAJOR 1988 SPENDING BILL (P.L. 100-202), signed by President Reagan, gives all of us a new insight into what's in and what's out in federal spending. The legislation, approved by Congress in December, provides increases for a variety of health programs. Largest hike is for AIDS-related programs (doubled to nearly \$1 billion) with half the increase going to National Institutes of Health (NIH). Elsewhere in Public Health Service, Congress gave an 8% increase for mental health research and other increases for research, training and patient advocacy--**by cutting block grant and substance abuse prevention funds**. The Office of Substance Abuse Prevention (OSAP) budget for Fiscal Year 1988 was reduced to \$34 million, leaving in doubt how many--if any--new prevention projects will be funded by OSAP in 1988.

Drug-Free Schools and Communities Program of the Department of Education was budgeted at \$230 million for 1988; a \$30 million increase from 1987 appropriation of \$200 million. National activities funded under this program were reduced by \$658,000 from 1987 budget of \$38,954,000. State grants, however, funded under Drug-Free School Program received increases of \$30,480,000 to \$191,480,000. Finally, under the Secretary of Education's discretionary fund, Alcohol and Drug Abuse Education Program (funded at \$3 million in 1987), didn't receive a dime for 1988.

From: PULSE BEATS/Feb. 1988



## ALCOHOL AND DRUG INFORMATION SYSTEM (ADIS)

The Chemical Dependency Bureau collects statistical data for all individuals admitted to treatment in state approved programs. In addition to sociodemographic information, the state collects a chemical use history. For those individuals admitted for chemical dependency, a primary drug of abuse is recorded, which is the chemical used most frequently and/or causing the greatest dysfunction. When more than one chemical is being used, a second and third drug is recorded.

Individuals not associated with the field of alcohol and drug treatment are often surprised at the breakdown of the drug most frequently abused, not only in Montana, but throughout the United States - alcohol. Of the 7,893 admissions to treatment in Montana during Fiscal Year 1987, 77% were treated for alcohol dependency. One statistic that puts this figure in better perspective, and demonstrates the current trend of poly drug use in individuals seeking treatment is that 45% of everyone entering treatment had a secondary drug of abuse, and 23% recorded a third drug.

One statistic many find surprising is that approximately 70% of all people under the age of 25 are admitted for a primary problem of alcohol abuse; all other drugs combined make up the remaining 30% of admissions.

The major increase we have seen in treatment in the past 5 years has been cocaine abuse, which is consistent with cocaine admissions in other states.

The following breakdown is from FY 87 treatment admissions. The percentages are primary drug of abuse indicated at admission. Of the 7,893 total admissions, 6,039 had a primary drug problem of alcohol and the remaining 1,854, a primary drug problem other than alcohol.

### **FY 1987 Total Admissions 7,893**

#### **Primary Problem**

<u>Alcohol</u>	77%
<u>Drugs other than Alcohol</u>	23%
Opiates	7%
Barbiturates	3%
Amphetamines	12%
Cocaine	18%
Marijuana	50%
Hallucinogens	3%
Inhalants	1%
Tranquilizers	4%
Other	1%

+ percentages are rounded

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**EX-CON HAROLD MORRIS**, the former high school star athlete who had no goals and fell in with the wrong crowd, chasing women, and into a life of alcohol and drugs, was an unwitting accomplice to a get-away from a store hold-up and shooting, when two friends ran to him and said they had to leave quickly in Morris' car before police in Atlanta arrested them....He was later convicted and sentenced to two life sentences, for armed robbery and murder serving time in some of Georgia's toughest, most squalid prisons....His gripping account of 10 years behind bars, and the slow, miraculous story of how he began finding himself, and God--after long years of humiliation and defeat--was made into a two-part film series, "Twice Pardoned," released last spring. It was distributed, free, to public high schools across the USA by Gospel Films, which had received 18,000 requests....Example of reactions: "Very powerful documentary;" "the film hit home;" and "'Twice Pardoned' holds the attention of each person, even the ones whose attention spans are very short"....Contact: Focus on the Family, Film Distribution Dept., Pomona, CA 91799. Phone 714/620-8500.

From: PULSE BEATS/Feb. 1988

## CERTIFICATION SECTION

Rule Amendments to enhance the certification system were passed and implemented January 4, 1988. The reasons for the rule amendments include the following: increased professionalism, enhanced counselor competency and improved time and cost efficiency.

The rule amendments addressed six areas:

- o the registry process
- o written examination
- o deletion of endorsement areas
- o guidelines for workshop and inservice training
- o continuing education requirements
- o recertification and/or loss of certification

The Department has contracted with Chemical Dependency Programs of Montana to collect the examination fee and subcontract with the Illinois Certification Board to administer the written examination through designated colleges, i.e. Carroll College in Helena and Eastern Montana College in Billings. The Department will continue to process applications, determine eligibility and continue with remaining steps in the process toward certification.

All individuals who have not taken the written exam or need to re-take the written examination, must pay a \$50.00 examination fee to Chemical Dependency Programs of Montana. The next written exams will be offered May 14, and September 24, 1988. Due to the time involved in contracting for a written test, the Department has been unable to offer the exam as previously scheduled. Recently hired employees who are unable to meet the one year deadline for certification due to this delay will be granted extensions upon written request to Norma Jean Boles.

The written examination acquired through the Illinois Certification Board has been recommended by other state agencies. The validity statistics are excellent. The new written exam will address the following subject areas:

- o pharmacology
- o signs and symptoms
- o rules and regulations
- o historical perspective
- o modalities of treatment
- o human development and behavior
- o dynamics of counseling
- o treatment planning and case management

Individuals interested in obtaining certification must first register and pay the \$50.00 exam fee to Chemical Dependency Programs of Montana. Submission papers will not be sent out until the examination fee is paid nor will submission papers be processed until the examination fee is paid. Given the changes, time lines are crucial. Applicants must be determined eligible 3 months (90 days) prior to the testing date.

The Chemical Dependency Bureau has developed and/or revised the following documents:

- o counselor's certification manual
- o training guidelines (workshop and inservice)
- o requirements for continuing education
- o instructions for the submission forms

If you wish to acquire a copy of these documents please contact the Chemical Dependency Bureau, Department of Institutions, 1539 11th Avenue, Helena, MT 59620-444-4931.

The Bureau is very pleased and excited about the changes in the system. We feel it will truly enhance the overall professionalism of the system. Your cooperation with the delays has been appreciated.

The following flow chart depicts the changes in the system. If you have any further questions please feel free to contact this office.



STEPS INVOLVED IN CERTIFICATION

Initial Inquiry  
444-2827

or

Department of Institutions  
Treatment Services Division  
Chemical Dependency Bureau  
1539 11th Avenue  
Helena, Montana 59620  
(Manual sent)

Mail in Registration and fee for  
written examination to  
Chemical Dependency Programs of Montana, Inc.  
36 South Last Chance Gulch, Suite A  
Helena, Montana 59601

Chemical Dependency Programs of Montana, Inc.  
will forward paid registration forms  
to the Department of Institutions

The Department will mail the  
submission forms to you

Forms Returned to the Department

Points tabulated and letter sent  
with point total by the Department

If under 70 points, continue  
submitting points until 70 is reached

If 70 or more points

Scheduled for Written Examination  
by the Department  
(If all documentation is submitted  
three months (90 days) prior  
to actual testing date)

Scheduled for Oral Examination  
by the Department  
(if successful with written)

Submit Taped Work Sample

Upon successful completion of all  
examinations - And 200 points

Certification

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'THE CRIMES OF PATRIOTS' is the title of a book by New York Times Reporter Jonathan Kwitny, subtitled, "A True Tale of Dogs, Dirty Money and the CIA"....Kwitny says big names in U.S. intelligence were in on a scheme to smuggle arms and drugs, evade taxes and swindle people out of their savings....It's a shocking report on the Nugan Hand Bank of Australia....Secret governments, he concludes, jeopardize USA security....Price \$19.95. Publisher is W.W. Norton & Co. Inc., 500 Fifth Ave., NYC 10110. Citation is (ISSBN 0-393-02387-7).

From: PULSE BEATS/Feb 1988

## CONTINUING EDUCATION

The Chemical Dependency Bureau recently mailed information regarding continuing education requirements to all approved treatment programs in Montana. This information included the procedures for obtaining pre-approval for structured workshops, and in an attempt to clarify the responsibilities of those who provide training and individuals desiring credit for continuing education, the following guidelines are offered:

### PRE-APPROVAL FOR STRUCTURED WORKSHOPS

Montana Trainers/Sponsoring Agency should have a workshop evaluated for continuing education points, prior to the training. Submit to the Chemical Dependency Bureau, the following documentation at least one month prior to the actual presentation of training:

- A statement of the goals and objectives of the workshop.
- An agenda with a specific breakdown of training hours.
- A statement describing the specific course content.
- Resume of each workshop trainer/presenter.
- A statement establishing the pertinence of the workshop to the field of chemical dependency, and the manner in which participants will benefit from the training.
- Written assurance that attendance will be kept and monitored, and that participants will receive a certificate or letter of completion.

Following review of the above material, a determination is made in regard to an award of certification points, and the sponsoring entity is immediately notified.

Upon completion of the training, we will require a summary of the participants' evaluation of the workshop.

CHEMICAL DEPENDENCY COUNSELORS are not restricted to pre-approved workshops for continuing education credit; however, more information will be required before credit will be awarded for workshops which this office has not had an opportunity to evaluate.

Counselors attending training which has been pre-approved for continuing education points by this office, will need to submit only a certificate of completion.

Counselors interested in attending a workshop which has not been pre-approved may request the trainer or sponsoring agency to apply to the Chemical Dependency Bureau for continuing education credit (prior to the actual presentation of the training).

Individual counselors may apply for continuing education credit for any training they have attended, which was not pre-approved, by submitting a certificate of completion, an agenda with the specific breakdown of training hours, a description of the training, and names of the trainers.

### CONTINUING EDUCATION CREDIT FOR INSERVICES

While inservices do not need prior approval to be eligible for continuing education credit, compliance with the following criteria is required if certification points are to be earned for training conducted at the counselor's program of employment:

- Provision of inservice training is in blocks of at least one (1) hour;
- Topics for inservice are pertinent to the field of chemical dependency, directly related to job function, and geared toward staff development;
- Conducted by an outside trainer and/or expert, member of the established inservice training department, or a staff member who has expertise in the specific area, researched the topic, and prepared a structured outline of the presentation;
- Attendance logs are kept and a cumulative record of inservice is maintained on each employee. This record is signed by an official of the program responsible for monitoring inservice training; and



- A maximum of five (5) points or thirty (30) hours will be allowed for inservice.

The Chemical Dependency Bureau has developed a form which programs and individuals may use for documenting inservice training. Although use of this form is not required, it does demonstrate the information that must be included on inservice records if they are to be considered for continuing education credit. A copy of this form may be obtained by contacting the Chemical Dependency Bureau.

Please direct correspondence/questions to :

Workshop Pre-Approval: Mike Kauffman  
Chemical Dependency Bureau

Continuing Education: Phyllis Burke  
Chemical Dependency Bureau

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### THURMOND INTRODUCES WARNING LABEL BILL

Sen. Strom Thurmond (R-SC) introduced legislation (S-2047) that would require rotating warning labels on beer, wine and distilled spirits containers (AR, Jan. 26). Joining Thurmond in co-sponsoring the bill were Sens. Howard Metzenbaum (D-OH), Daniel Evans (R-WA) and Tom Harkin (D-IA).

"Health warning labels are an important step to educate the consumer on the potential hazards of alcohol consumption," Thurmond declared in introducing the measure Feb. 4.

"This legislation will serve to provide individuals with the knowledge necessary to make an informed decision on whether or not to consume alcoholic beverages," the Senator said. "Similar to cigarette warning labels, these labels do not create any legal restriction or penalty to those who do not heed the warnings. They merely provide cautionary notice that consumption of the product may entail serious consequences in certain situations."

As previously reported, the bill would mandate rotating warnings about drinking during pregnancy, drinking and driving, drinking in combination with some other drugs, drinking and the increased risk of hypertension, liver disease and cancer, and alcohol as a drug that may be addictive.

The National Council on Alcoholism and the Center for Science in the Public Interest (CSPI), lead field organizations pushing for the Thurmond bill, are conducting a legislative strategy meeting February 10 with some 100 organizations invited to attend.

In addition to NCA and CSPI, Thurmond said these organizations have sent him letters endorsing health warning labels: American Medical Association, the American Academy of Pediatrics, the General Association of General Baptists, Mothers Against Drunk Driving, the American Council on Alcohol Problems, the National Rainbow Coalition, the National PTA, the Christian Life Commission, the Association for Retarded Citizens, and the National Women's Christian Temperance Union. (National Council on Alcoholism, Washington Office, 1511 K Street, N.W., Suite 320, Washington, DC 20005, 202/737-8122).

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Seventy million Americans, or 37% of the total U.S. population aged 12 and above, have used marijuana, cocaine, or another illicit drug at some time in their lives, the most recent (1985) National Household Survey of Drug Abuse shows. Twenty-three million, or 12%, were "current" users, i.e., they had used an illegal drug within the last 30 days. The use of marijuana and other drugs had declined since the comparable 1982 survey, although cocaine use increased!

## PREVENTION FUNDS FLOW

As one would expect, the funds authorized and appropriated in late 1986 and early 1987 through the Anti-Drug Abuse Act of 1986 and other legislation are now being utilized at the local level. Readers may wish to review this recapitulation of the various initiatives:

- o OSAP's High Risk Youth Demonstration Grants went out in October to some 131 local groups to start up or expand services to youth with a broad range of known risk factors for alcohol and drug dependency. Contact Bernie McColgan (301) 443-4564 for site information and second-year grant-cycle plans.
- o Other OSAP programs, particularly those of the Division of Prevention Implementation, are providing support for capacity building activities at State and local levels, encouraging National organizations to activate prevention initiatives in their local chapters; and helping minority organizations develop new prevention programming. Contact Gale Held (301) 443-0369 for information regarding T.A. resources to help strengthen prevention programming capabilities.
- o The Department of Education's major funding program provided monies through State Education Agencies (SEA's) to the local education agencies. Because these monies average out to somewhere around \$2.50 per pupil, school districts have been aggregating the dollars at the district level and using them for teacher training, curriculum materials purchases, and similar initiatives.
- o Some DoEd dollars went to State Governors. They were constrained to spend at least half their allotment on programming directed to high risk youth. The remainder of the Governor's funds could be used for more general community-side prevention program support. Each State has handled these monies differently, some going to youth-serving agencies, some to alcohol and drug agency prevention units, and still others directly to Governor's Commissions or Task Forces for distribution to local program operators. In some parts of the country decisions on these expenditures are not being made.
- o The Department of Education's five contractors for Regional Centers for Drug Free Schools and Communities (CDFSC) were selected in the Fall of 1987. Each has developed its own workplan and all are busy with implementation. Contact their directors for information on school-team training and other services and program plans.

Northeast	Jerry Edwards, (516) 589-7022
Southeast	Buddy Gleaton, (404) 651-2548
Midwest	Mick Finn, (312) 883-8888
Southwest	Gwen Briscoe, (405) 325-1711
Western	Robert Rath, (503) 275-9500
- o The DoEd has also funded colleges and universities for two types of activities. The Fund for the Improvement of Post-Secondary Education (FIPSE) has funded over 80 colleges to conduct comprehensive alcohol and drug abuse prevention activities among students and the Secretary's Discretionary Fund mechanism has been used to extend support to another group of colleges and universities developing prevention education programs for new teachers in training and the in-service teachers. Grant applications for a second round of both these grant mechanisms are now or will soon be available. Contact Ron Buckman (202) 245-8100 for info on the student prevention efforts and Bill Wooten (202) 732-3566 for information on the teacher training grant cycle.
- o ACTION, the White House agency which encourages volunteerism is making a major effort to stimulate parent groups through a series of statewide parent organizing conferences. Contact Calvin Dawson at (202) 634-9759 for information on plans in your State.
- o HUD, the Department of Housing and Urban Development encourages local Public Housing Authorities (PHA's) to work toward drug-free housing projects. Their 1988 round of Comprehensive Improvement Assistance Program (CIAP) grants to local PHA's will earmark \$1.7 million for efforts by local residents to fight drugs in their home projects. For more on how to cooperate with local groups in preparing their annual CIAP applications (due in May) contact Hetty Dick at (202) 755-8247.



Court Rebuffs Rail Drug-Testing Policy

The drug-testing community is in a tailspin in the wake of a decision by a U.S. Court of Appeals striking down the Federal Railroad Administration's policy to test rail workers' urine for drugs after accidents.

The ruling runs counter to several previous lower-court rulings that have upheld such testing. The ruling could be a blow for the Reagan Administration's evolving policy of testing federal employees, which includes a much more controversial feature -- random testing.

The 2-1 ruling Feb. 11 by the San Francisco court also held that random, groundless testing amounts to unconstitutional self-incrimination.

Ordering rail workers to submit to urine tests because they were on trains that are involved in accidents or that go too fast is unconstitutional because "accidents, incidents or rule violations, by themselves, do not create reasonable grounds for suspecting that tests will demonstrate alcohol or drug impairment in any one railroad employee, much less an entire train crew," wrote Judge Thomas Tang, who was joined by Judge Harry Pregerson.

In backing the rail policy, the dissenter, Judge Arthur Alarcon, wrote that safety concerns must outweigh consideration for a crew member's privacy.

The ruling won praise from labor officials such as Charles Woods, CAC, director of the alcoholism and drug abuse program of the American Federation of Television and Radio Artists. The AFTRA program is a network of referral sources found in 38 cities.

"The union is dead set against testing," Woods said. "We are opposed to testing for every member, as well as to random testing. ... Testing doesn't reveal alcoholism or addiction."

Woods believes testing is inappropriate even in post-accident situations. "You can't test an engineer after an accident," he said, adding that it is virtually impossible to control for the myriad factors that could affect the outcome of such a test.

The ruling comes on the heels of the late January finding by the National Transportation Safety Board that use of illegal drugs by the train crew caused the Maryland Amtrak crash that killed 16 people in January 1987. One of the trainmen involved has since pleaded guilty to manslaughter.

The court's decision in effect overturned part of the Federal Railroad Administration's 1986 policy that calls for urine testing of workers after accidents. It left intact the policy of testing workers suspected of alcohol or drug use, as well as use in certain other circumstances, such as pre-employment. A group of railroad unions had brought the court challenge. Spokesmen exulted over what they said was the first time a court at the appeals level had rejected testing other than for cause.

The Transportation Department, the railroad unit's parent agency, said it would appeal the decision to the Supreme Court. In January 1986, the high court reversed a previous ruling by the San Francisco appeals court and allowed the rail testing program to take effect pending a decision on its constitutionality. It could not be determined whether the rail agency would continue or suspend testing while the legal processes went forward.

Drug-testing of transportation workers is also an issue confronting Congress. The legislators are considering H.R. 3051, which incorporates S. 1041, introduced by Sen. Ernest Hollings (D-SC). This measure, now in conference between the House and Senate, although no action is expected for several weeks, would require random drug testing for transportation industry employees. The House's version does not address drug testing.

Holling's plan also calls for testing of certain airline, rail and trucking employees in pre-employment, periodic, random and post-crash situations, depending on the circumstances. The measure also authorizes tests upon "reasonable suspicion," allowing police to order tests if drivers of trucks, for example, appear intoxicated.

## NATIONAL CALL FOR PREVENTION MATERIALS

A major national materials collection campaign is being conducted by the Office for Substance Abuse Prevention (OSAP). All types of materials are being collected and will be reviewed by experts. Selected products will be incorporated into OSAP education/information programs.

Agencies can help by forwarding copies of their products and by alerting other organizations who have developed materials to also send copies, to the attention of Bill Dowers at Macro Systems, Inc., 8630 Fenton Street, Suite 300, Silver Springs, MD 20910. Bill, or Rebecca Silver can be reached at (301) 588-5484.

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## NEW CERTIFIED CHEMICAL DEPENDENCY COUNSELORS

494		Rosalie Bearing
495	'	Joseph M. Benson
496		Bruce Bogar
497	'	Dan Goans
498		Bernie Hedrick
499		Lori Joseph
500		Bob Marsenich
501		Martha Sanford
502		Sarah H. Seiler
503		Keith L. Trafton
504		Mary Ann Troedsson
505		Herman Whitegrass
506		David P. Holloway
507		Dianne Watson

Congratulations to all of you!

As of February 1988, a total of 468 persons have been certified as chemical dependency counselors by the Department of Institutions since 1981.

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## BEER COMMERCIALS: WHAT THEY SAY

A study released by the AAA Foundation for Traffic Safety suggests that beer commercials can help explain why males are over-represented in arrests for drunken driving. The study analyzes the content of 40 beer commercials which were broadcast early in 1987 and finds that they portray beer-drinking as "an essential element of masculinity." The association of beer with masculinity is "a powerful, distorted and dangerous message to broadcast to young people," the researchers conclude.

Some of the commercials link beer with images of moving cars, and associate beer with the challenge and excitement of speed. Others depict risk-taking as "masculine" behavior and imply that beer consumption is a challenge to test one's self-control. The television commercials communicate a message that consumption of beer is harmless because other potentially harmful products, such as liquor and cigarettes, may not be advertised on TV.

Researchers from New York University, the University of Connecticut and the University of South Florida participated in the study. Copies of the report titled Myths, Men and Beer may be obtained from local AAA motor clubs or by writing directly to the AAA Foundation for Traffic Safety, 2990 Telestar Court, Suite 100, Falls Church, VA 22042.

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More than 500,000 Americans were reported to be in treatment for alcohol abuse and alcoholism in late September 1984. About two-thirds of the treated alcoholics improve and there is evidence that alcoholism treatment is effective in containing costs throughout the health care system.

FROM: UPDATE ADAMHA, Fall 1987



By Mark Clark

1. Steroids, A Short-Cut to Make Believe Muscles"  
Film Ideas, Inc.           \$125.00           32 minutes  
Recommended for: Athletic teams, schools and body builders.

2. "When Saying No is Not Enough"  
Learning to be Assertive, Basic Skills  
AIMS Media 27 minutes  
Recommended for: Schools and Prevention Groups for Kids

3. "If You Could See What I've Seen"  
Visucom \$495.00 22:17  
Recommended for: Court School Class and Prevention

4. "Count Me Out"  
The Altschul Group 26 minutes  
Recommended for: M.I.P. class, Schools, Adolescent Treatment Programs  
and Concerned Person's Groups.

5. "AIDS in Your School" 23 minutes  
The Altschul Group  
Recommended for: Schools, Youth Groups

6. "No Accident"  
The Altschul Group 13 minutes  
Recommended for: Court Schools, Driver Education, S.A.D.D., MIP Schools  
and School Prevention Programs

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7. **"A STITCH IN TIME"**  
Diner and Allied Film and Video Services  
Recommended for: Prevention Programs

This video reflects the changing attitudes of our society toward alcohol and drug abuse. It aims at stopping the use of "gateway" drugs. The movie includes samples of prevention programs including: high school students working with junior high kids, a cope for life program, and a parenting course.

8. **"Alcoholism, The Hidden Addict"**  
The Altschul Group 10 minutes  
Recommended for: C.D. Treatment Programs, Prevention/Education, Court Schools and Schools

This video, narrated by Merlin Olson, gives current information about the disease of alcoholism. It emphasizes that alcohol is a drug and that certain individuals are physiologically predisposed to become addicted to it.

9. **"Alcohol and Cocaine, The Secret of Addiction"**  
AIMS Media \$395.00 36 minutes  
Recommended for: High Schools or Adult Education

Originally made for an ABC News close-up, this video illustrates how pleasure centers in the brain are changed by cocaine and alcohol. It provides examples of how predisposition for addiction is passed on genetically. The damage to health from these mood-altering substances is strongly emphasized.

10. **"Prevention"**  
G.T.R. Productions \$300 12 minutes  
Recommended for Health Classes, P.S.A.'s

The heavy use of special cinematic effects help to keep the audiences attention, but have gone overboard on this video. They distract from the message of the problems caused by chemical use. This movie is like watching six, 1 minute P.S.A.'s.

The Department has not purchased any of these videos. If you would like to preview the videos, please contact the distributors directly. The Department can provide addresses and phone numbers if you don't have their catalogs. For more information about the videos contact:

Mark Clark  
Treatment Services Division  
Chemical Dependency Bureau  
444-4928

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**DRUG PREVENTION SPECIALIST LARRY MELEAR** of Atlanta wants businesses more involved in drug abuse prevention and education efforts. "School systems have problems funding budgets for the basics. Most can't afford expensive drug programs." Federal incentives are seen needed for encouraging educational publishers to invest resources in developing quality drug education materials for schools....Only a few, small firms are now active in this effort....He proposed a four-point federal incentive program for small businesses: 1) Low-interest or no-interest loans from federal government for funding development of new drug education materials; 2) Repayment of loans to begin when sales generate revenues; 3) Tax credits for corporations or individuals investing in development of such materials; and 4) A subsidy program, with government paying a portion of sales price to schools for materials documented to be effective.

FROM: PULSE BEATS, February, 1988



## THE MONTANA HEALTH FACILITY AUTHORITY

The Montana Health Facility Authority is a public body corporate and a public instrumentality of the state of Montana created by the Montana Legislature in 1983. The Authority performs a public function for the benefit of the people of the state for the improvement of their health and living conditions. This is achieved by providing tax exempt or taxable alternative capital financing for health facilities, and thereby containing healthcare costs. It is an autonomous body which operates on fees generated by bond issues and loan transactions.

The Authority's administrative board is comprised of seven persons appointed by the Governor, and includes members knowledgeable in the management of health facilities, legal, financial, and professional fields.

The Authority may issue tax exempt revenue bonds or notes and loan the proceeds to any public or private non-profit hospital, corporation, or other organization authorized to provide or operate a health facility in the state of Montana for the purposes of construction or improvement of facilities, acquisition of equipment, or for refinancing outstanding capital debt.

### CAPITAL FINANCING ALTERNATIVES

The Montana Health Facility Authority may issue bonds and notes up to \$150 million per biennium. Although the bonds and notes issued to finance a project are issued by the Montana Health Facility Authority, they do not constitute a general obligation of either the state of Montana or the Authority. The payment of its bonds and notes other than the obligations payable solely from identifiable funds pledged for their payment; that is, revenues from those to whom it loans.

### ELIGIBLE FACILITIES

An eligible health facility means any structure or building used as a hospital, clinic, nursing home, or other healthcare facility as defined in Section 50-5-101, MCA; center for developmentally disabled; center for the handicapped; chemical dependency treatment center; nursing school; medical teaching facility; laboratory; dental care facility; or other institution or facility related to the foregoing or required or useful for the operation of a health facility.

Furthermore, a health institution means any public or private non-profit hospital, corporation or other organization authorized to provide or operate a health facility in this state.

### ELIGIBLE PROJECTS

Eligible projects include any health facility construction project (new or renovation) and all necessary, useful and related equipment. Allowable costs attendant to the achievement of the foregoing which may be legal, organizational, architectural or other special services are more specifically defined in Section 90-7-103, MCA.

Almost any facility required for the delivery of health services which meets the above requirements may be included. The Authority may also refinance a health facility's outstanding indebtedness. A project may include one or more projects undertaken jointly by several facilities.

The Authority requires that any project proposed for financing be approved by the appropriate health planning bodies when applicable.

For further information contact:

Montana Health Facility Authority  
Department of Commerce  
1520 East Sixth Avenue  
Helena, Montana 59620  
Phone: (406) 444-5435

MONTANA CARING FOR KIDS CONFERENCE II

The Montana Caring for Kids Conference II was a success with an estimated 779 in attendance! The Conference was sponsored by Montana Communities for Drug Free Youth, Great Falls Community Core Team, Office of Public Instruction, Treatment Services Division and Highway Traffic Safety. The predominant response to the conference was surprise to the large number of communities represented. For the next conference we hope even more communities will become involved.

Many of the communities that brought teams (up to ten members) were Havre, Great Falls, White Sulphur Springs, Big Timber, Plains, St. Ignatius, Lewistown, Harlem, Chinook, Kalispell, Livingston, Poplar, Bozeman, Butte, Helena, Lodge Grass, Libby and Geraldine. The highlights were the Kalispell Care Bears and the Designer Genes (the St. Ignatius MTI group).

The Montana Caring for Kids Conference III is planned for Spring 1989 in Helena. If you have suggestions for the conference contact **Marcia Armstrong**, Department of Institutions, 1539 11th Avenue, Helena, MT 59620. The telephone number is 444-2878.

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MONTANA AIDS CASES  
Demographic Summary as of 2/15/88

<u>CASES</u>			<u>SEX</u>		
Reported Cases	18		Female	2	11%
Reported Deaths	9	50%	Male	16	89%
				18	100%

<u>AGE</u>			<u>RISK FACTOR</u>		
Less than 5	0	0%	Homosexual/Bisexual Male	12	67%
5-12	0	0%	IV Drug Abuser	2	11%
13-19	0	0%	Homosexual Male & IVDA	1	6%
20-29	4	22%	Hemophilia, etc.	0	0%
30-39	9	50%	Heterosexual	1	6%
40-49	4	22%	Transfusion,		
			blood components	0	0%
Over 49	1	6%	No Identified Risk (NIR)	2	11%
	18	100%		18	100%

<u>RACIAL/ETHNIC GROUP</u>			<u>COUNTY OF DIAGNOSIS</u>		
White	16	89%	Cascade	5	28%
American Indian	1	6%	Gallatin	1	6%
Black	0	0%	Lewis and Clark	1	6%
Hispanic	1	6%	Missoula	4	22%
Other/Unknown	0	0%	Silver Bow	2	11%
	18	100%	Yellowstone	4	22%
			Out-of-State	1	6%
				18	100%

Source: Montana AIDS program, MDHES, February 1988.

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## SUPREME COURT HEARS ARGUMENTS ON ALCOHOLISM

On December 7, the United States Supreme Court heard oral argument in **Traynor v. Walters and McKelvey v. Walters**, two cases challenging a Veterans Administration (VA) regulation that classifies alcoholism as a disability that is always due to "willful misconduct." The **Traynor** case was brought by the Legal Action Center.

Both cases challenge the VA's denial of extensions of time to use educational assistance benefits to veterans with histories of alcoholism. Ordinarily, veterans who have served an honorable tour of active duty are entitled to receive benefits to pursue their education. Although veterans must usually use their benefits within ten years after discharge, the law permits an extension of time to veterans who were prevented from pursuing their education "because of a physical or mental disability that was not the result of...willful misconduct."

The VA regulation classifies "primary" alcoholism--alcoholism that is diagnosed as not resulting from an underlying psychiatric disorder--as a disability that is always due to "willful misconduct." Thus, no veteran who is unable because of "primary" alcoholism to use his educational assistance benefits is granted an extension. (Those diagnosed as suffering from "secondary" alcoholism are eligible for an extension.)

In both **Traynor** and **McKelvey** the trial courts had ruled that the "willful misconduct" regulation violates the federal Rehabilitation Act of 1973 by discriminating against recovered alcoholics. In **Traynor**, the court of appeals reversed on the grounds that the Veterans Law prohibits judicial review of VA determinations of benefits claims. In **McKelvey**, the court of appeals reversed and ruled that the VA regulation did not violate the Rehabilitation Act because it was consistent with "general societal perceptions" that the alcoholic is to blame for his inability to stop drinking.

Both issues were argued before the Supreme Court. The attorney representing the VA emphasized that the "willful misconduct" regulation denies benefits not just to veterans seeking educational assistance, but also to veterans seeking disability and pension benefits. He suggested that if the Court struck down the "willful misconduct" regulation, there would be a run on the U.S. Treasury by alcoholic veterans who would qualify for benefits they currently cannot get--and who would thereafter have an incentive to refuse to enter treatment in order to continue to receive disability and pension benefits. The attorney representing Traynor and McKelvey responded that the only result of a decision by the Court to overturn the "willful misconduct" regulation would be that the VA would be required--like other agencies subject to the Rehabilitation Act--to give each veteran applying for benefits individualized consideration.

At one other point during the argument, Justice Marshall succeeded in getting the attorney representing the VA to admit that the VA provides treatment for any alcoholic veteran without regard to whether he or she suffers from "primary" or "secondary" alcoholism.

The VA applies the same "willful misconduct" rule to deny recovered addicts extensions of time to use their educational assistance benefits. Should the Supreme Court overturn the regulation, the result should logically extend to this group, too. However, further litigation on this issue might be necessary.

The **Traynor** and **McKelvey** cases generated a tremendous amount of media coverage, much of which focussed on discussion of scientific and treatment issues about the causes and treatment of alcoholism.

FROM: OF SUBSTANCE, January, 1988

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**NOW HEAR THIS:** One of every four children in average elementary school classroom has a parent or parents who are alcohol and drug abusers, according to Texas Commission on Alcohol and Drug Abuse. Commission offered example of special services needed. Details from editor.

FROM: PULSE BEATS, February, 1988

## HOW DO YOU SPELL TROUBLE?

It's been 20 years since phencyclidine (PCP) first hit America's drug underground. But scientists still don't know how PCP affects the brain. The article, "PCP Spells Trouble", { in January's LISTEN magazine, maps the travel of PCP from experimental anesthetic to intercity streets. And it explores the puzzle of why there are different reactions to one drug.

PCP has had surges of illegal popularity. But nothing like the upswing in use of the 1980s. According to Raquel Crider, M.D., researcher with the National Institute of Drug Abuse (NIDA), half of the young emergency room patients in New York reported using PCP. In Washington, D.C., 35 percent of the young Black patients said they had used PCP. In Los Angeles, 30 percent of the young Hispanic admittees had used PCP.

The increase in use has given researchers more data on the effects of the hallucinogenic drug. One important recent discovery is that PCP is both a stimulant and a depressant, producing seemingly opposite reactions. "PCP can produce a deep coma and it can make people climb the walls or think they're Superman," says Doris Clouet, spokeswoman for NIDA. "I've heard of cases where they go from extreme excitability to a dazed condition in 10 seconds."

One of the most dangerous facets of PCP is that, unlike other drugs, it is stored in the fatty tissue of the body making even light users walking time bombs for when PCP reaches toxic levels.

For further information contact: Leigh Barker, (202) 722-6728.

FROM: LISTEN MAGAZINE

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## "PARENTS AND ADOLESCENTS CAN TALK"

Youth and their parents are learning that they really can talk to each other about sensitive issues through an innovative program developed at Montana State University and currently available throughout Montana.

The program, called Parents and Adolescents Can Talk (PACT) was developed and tested initially in Gallatin County with partial funding from the U.S. Department of Health and Human Services.

The primary purpose of the program is to help young people build self esteem and improve interpersonal communication and decision making skills, thus enabling them to exercise greater responsibility over their sexual behavior, to resist peer and media pressure to become sexually active, and to reduce the negative health and socio-economic consequences resulting from adolescent pregnancy and parenting. Program evaluation data shows that the program is meeting its objectives.

The heart of the PACT project is a training program for preadolescents/adolescents and one or both of their parents. The training program is divided into four separate curricula -- a preadolescent program for 5th-6th graders and their parents; an adolescent program for 7th-9th graders and their parents, an older youth program for 10th-12th graders and their parents, and a peer facilitator training program. The PACT curricula use an integrated program in which parents and youth meet together and separately and are provided activities to encourage interaction at home between sessions.

The PACT program is committed to the belief that it is the family which not only nurtures its youth but carries the major role in helping youth learn the behaviors, values, and attitudes which allow young people to become personally, socially, and occupationally responsible. In no area is this more important than in the area of sexual behavior. Thus, a critical strategy of the PACT program is to bring both youth and their parents together as they address the issues of:

- parent/adolescent communication
- sexual attitudes and values
- knowledge of psychology, health and maturation
- decision making and assertiveness
- self esteem and self awareness



PACT continued...

The thrust of the program focuses on communication between parents and youth. As such, it has implications for the range of issues facing youth at risk (i.e. school drop-outs, teen suicide, substance abuse as well as teen pregnancy and STD's).

For more information about the PACT program or to see how your community may sponsor a PACT program, contact Carwin Dover, State Program Coordinator, or Joye Kohl, Project Director, at 994-4981 in the Department of Home Economics at Montana State University.

Reprinted From:

Parents & Adolescents Can Talk  
Department of Home Economics  
316 Herrick Hall  
Montana State University  
Bozeman, MT 59717

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RIMROCK FOUNDATION AWARDED LIBRARY GRANT

The Montana Board of Crime Control recently announced approval of a major grant award for the Rimrock Foundation Lending Library. A small specialty library, it holds an important collection of books, professional journals, pamphlets, video programs, and other material on dependency disorders.

The Montana Board of Crime Control grant will help the Foundation further develop the Lending Library as a central resource in Montana for drug and alcohol education and prevention literature. Grant funds will be used to add to the library collection, provide on-site computerized literature search capability, staff the library, and reach out to those who work with high risk youth in all areas of the state as well as reach youth directly.

The library is open to all Montanans as well as people from surrounding states.

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## WHY TARGET TEEN PREGNANCY PREVENTION?

Healthy Mothers, Healthy Babies Adolescent Pregnancy Prevention (MAPP) Project has as one of its objectives to increase the public's awareness about issues and problems surrounding teen pregnancies in Montana and the need to prevent them. The Governor's Conference on Health Promotion and Disease Prevention included several steps in its action plan which reinforce the MAPP Project's aim: (1) By 1990, reduce unintended pregnancies among Montana women 15-44 by 50% of the present rate. (2) By 1990, increase family planning information and services to Montana men and women of all economic levels. 3) By 1990, at least 75% of Montana men and women over age 14 should be able to describe accurately the various contraceptive methods, including the relative safety and effectiveness of one method versus another. (4) By 1990, there should be no unintended pregnancies to girls 14 years or younger in Montana.

### National Facts

(Alan Guttmacher Institute)

- o Teen pregnancies and the rate (the number of pregnancies per 1,000 women aged 15-19) increased through the 1970's.
- o Since 1980, teen pregnancies declined.  
1980-1.2 million teen pregnancies  
1983-1 million teen pregnancies

### Montana Facts

(Montana State Bureau of Records and Vital Statistics)

- o Teen pregnancy rate and birth rate for women aged 15-19 both declined in the 1980's.
- o Estimated pregnancy rate in 1982 was 7.5% in 1986, estimated rate was 6.5%.
- o Birth rate for 15-19 year olds fell from an estimated 4.9% in 1982 to approximately 4.1% in 1986.
- o Of all the live births in 1986 to Montanans, 10% were adolescents under the age of 20. Of these births, 31.3% were to teens 17 years of age or younger.

If trends for birth and pregnancy rates continue to decline, why target adolescent pregnancy prevention in Montana? First, as stated previously, although a decline in births and pregnancies is occurring, the rate of abortions is remaining about the same. From data reported from the Montana State Department of Health and Environmental Sciences (DHES), of the 2,627 induced abortions in 1986, nearly one-third (28.4% were to adolescents under the age of 20. 13.3% of the abortions were to teens 17 years of age or younger. If current trends continue, approximately two-thirds (62.9%) of the pregnant teens will carry their pregnancies to term and one-third (36.7%) will have induced abortions.

Secondly, of the teens who deliver, according to DHES, less than half (41.2%) will be married at the time of birth, if trends continue. The majority of teenage mothers do not finish high school and often go on public assistance. The Younger Parents' Education Center in Great Falls estimates that a teenager with a child receives about \$8,000 a year in public assistance, including Medicaid benefits, ADC, and food stamps in Cascade County. She will also, if she drops out of school, earn half as much in her lifetime as a woman who delays motherhood until she's 20. A baby born to a young mother, along, is three times as likely to be poor as a baby born to a two-parent family. Teen parents are also more prone to child abuse and neglect. If they marry, many of these marriages will end in divorce within two years. Teen mothers have 50% more births than older mothers. And finally, their children often repeat the pattern of early childbearing, perpetuating the problems associated with teen pregnancy.

Lastly, the rates of live birth complications are greatest among teenagers in Montana. These problems include prematurity, low birth-weight, complications with the pregnancy and labor, congenital malformation, and other adverse conditions of the baby. To add to this high-risk picture, Montana has no Level III perinatal centers and only eight Level II centers. So there are limited resources to take care of sick mothers and babies.



## Why Target Teenage Pregnancy? (continued)

Preventing teen pregnancies, therefore, would seem beneficial to our citizenry, especially our young teenagers. More educational, social and economic opportunities lie ahead for the young woman postponing motherhood. Pursuit of these other life options benefits not only our state and local communities, but more importantly the life of a young woman and her family - and her future family.

The MAPP Project will be working toward the continued decline of teen pregnancies in Montana. And obviously, there are programs in the state now addressing preventing teen pregnancy and other adolescent health problems. We would like to know who you are. If you are connected with a primary prevention program working with pre-teens, or working directly with teens, let us know about you program and what you are doing. It is our hope to compile a directory of youth services in Montana so that we can share our experiences and help each other out. Send or call in your information to:

The Montana Adolescent  
Pregnancy Prevention Project  
Healthy Mothers, Healthy Babies  
P.O. Box 876  
Helena, MT 59624

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### STAFF CHANGES

DARRYL BRUNO has been named to the Bureau Chief position of the Chemical Dependency Bureau. Darryl has been working in the chemical dependency field since 1974.

DAN ANDERSON has been appointed Bureau Chief for the Mental Health Bureau. He has been associated with the mental health field since 1979. The Chemical Dependency Bureau and Mental Health Bureau comprise the Treatment Services Division which was created in October, 1987.

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### 'DESIGNER GENES' DELIGHTS STUDENTS

Elementary school students in St. Ignatius, Arlee, Dixon and Charlo were treated to an action-packed musical production, "Designer Genes", during December, with acting, singing and dancing by St. Ignatius graduates of the Montana Teen Institute (MTI) and Teens in Partnership (TIP) summer camps and several other student volunteers. The students presented two showings to the St. Ignatius elementary school on December 7 and went on the road December 14.

The hour-long play was written, choreographed and directed by P.T.A. member Rita Arlint. It features several songs from the "Play it Smart" song book by Janeen Brady.

In the play, Amy Bick played the part of George, a boy excluded by other students because of his small size. When a group of drug users showed willingness to include him if he would join them, George was tempted. With the help of a kindly professor (played by Terry Asay) and his crew of helpers, George found a friend (Dawn Morigeau) who showed him ways to resist peer pressure.

The play is the first cross-age tutoring project of the students who attended the two camps, according to Mary Herak, coordinator of the school CARE Program, of which MTI and TIP are a part. Students who attended the camps agreed to become involved in drug abuse prevention activities and developing healthy alternatives.

Rita Arlint heard the students describe the camps at the October P.T.A. meeting and approached Herak and the students with the possibility of doing a musical. Eight students volunteered, and they were soon joined by twelve other interested volunteers, including one student from Arlee and three home-school

"Designer Genes" continued...

students. Pianist Judy Hogge also volunteered to help out, and the show was a go.

The students performed their dress rehearsal on December 6 at a gathering of Plains and St. Ignatius MTI and TIP graduates.

Arlint, who worked intensively on the play throughout November and early December, provided practice space in her home, snacks, and props.

"I was impressed with what the students are trying to do," she commented. "I agree with them that it's possible to help young kids feel good enough about themselves to resist negative peer pressure. I suggested they communicate through music and drama because children love it."

It has also been shown, Arlint said, that people remember 98% of what they sing.

"We're hoping this music can be integrated into their school music classes, if they like it."

Herak commented that the message of the musical is simple.

"What it's about is saying 'yes' to life, 'yes' to healthy ways of having fun. It's about how special each person is, how important friends are, and how a little kindness can make a big difference in a person who's feeling left out."

Will the production end here?

"We're not sure," Herak said. "Rita and Judy have been incredibly generous with their time, and they're already busy on another production. We do plan to do the play for the community, to raise money to send more students to the camps."

The students presented the musical to the "Montanans Caring for Kids" conference in Great Falls in January. This musical was professionally done and well received by the conference attendees.

For further information, call Mary Herak at 745-3811.

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Another recent study, the 1986 High School Senior Survey, also found that the general downward trend in recent years in drug use by seniors is continuing. The proportion who reported any experience with illicit drugs dropped from 61% to 58% between 1985 and 1986, and current users decreased from 30% to 27%. Daily marijuana use continued a dramatic decline from a high of 11% in 1978 to 4% in 1986. Cocaine again was an exception: as an example, the proportion of seniors who had ever tried cocaine remained at the 1985 level of 17%. The first survey data on "crack" also indicated that 4.1% of seniors had used this new and highly dangerous form of smokable cocaine during the year prior to interview.

#### Suicide Among Youth (Ages 15-24)

Suicide now ranks as the second leading cause of death among young persons aged 15-24. In the U.S. about 5,000 suicides occur annually among this age group. That means that each day, 13 young people kill themselves. Many more of them attempt suicide and fail.

Violent deaths among young people, which include suicides, homicides and accidents, are the leading cause of potential years of life lost in the U.S. Suicide alone is estimated to account for 200,000 potential years of life lost annually among 15-24 year olds.

In 1980, suicide in the young was more common among males than females by a ratio of approximately 5 to 1. By far, most (89.5%) young male suicide victims are White. Rates for young White men have increased in each of the past three decades.

FROM: UPDATE ADAMHA, Fall, 1987



## DRUG-FREE COMMUNITIES SERIES PUBLISHED

The first in a step-by-step series of publications aimed at preventing drug and alcohol abuse in communities throughout the Nation will be released this fall by the Office for Substance Abuse Prevention (OSAP).

The series is designed to support OSAP's initiative that is targeting all elements of the environment, according to Robert Denniston, Director of OSAP's Division of Communication Program. This approach views problems ranging from drug and alcohol abuse to teenage pregnancy, youth suicide, and AIDS as "systems" problems--ones created by the unique political, social, situational, cultural, and economic forces within a community.

The new OSAP materials emphasize prevention strategies that go well beyond the classroom and into all areas of the community. The series encourages the development of drug-free environments by involving community opinion leaders and gatekeepers in prevention efforts.

The "Drug Free Communities" series builds on the heightened public awareness of substance abuse resulting from such events as the death of basketball player Len Bias. It is designed to expand existing awareness of the problem, promote changes in current attitudes of denial and tolerance toward substance abuse and encourage communities to actions to reduce drug abuse problems.

The series includes three publications that range from a short motivational piece to a detailed guide to prevention program design and operation. The introductory pamphlet has been designed to interest individual community members in becoming involved in substance abuse prevention. Its basic message is: "You can help, and here's how." The pamphlet asks that a community representative sign, and return to OSAP, an enclosed letter of commitment pledging support to starting prevention efforts in the community.

Communities expressing interest in prevention can then receive the second item in the series, a guide to forming and working with a community prevention task force. This publication provides helpful ideas on how to create task force groups and direct positive energy in the community.

Once these groups are formed, "Prevention Plus II: Drug-Free Communities" is made available to further support the effort. This third piece is an applications-oriented manual containing detailed descriptions of successful community projects that newly formed task groups can use as models for their own projects.

An aggressive promotional plan will be used to disseminate both the new "Drug-Free Communities" material and the OSAP message. The series will be available free to the public through the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, Maryland 20852.

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**MONTANA CHEMICAL DEPENDENCY**  
Inpatient Treatment Program Information  
January 1988

Following is the chart "Inpatient Treatment Program Information." This information is gathered annually. It is important to keep in mind that the charges and payment terms listed on the chart may change during the year.

1	2	3	4	5	6	7
Program Name Address Director/Phone	Licensed # of Beds	Est. Length of Stay	** FY87 Average Utiliza- tion rate	Daily Bed Charge	Additional Charges	Payment Terms
<b>Private Inpatient Programs:</b> F.M. Deaconess Hospital CD Center 621 3rd S, Glasgow 59230 Dave Brunelle/524-6281	24	28	53%	\$195 per day	\$125 family members (5 days) Lab and X-Ray	\$3,000 down payment/adults \$6,000 down payment/adolescents minimum \$100 monthly payments
Rocky Mountain Treatment Center 920 4th Ave N, Great Falls 59401- Ann Scott/727-8832	28	32	48%	\$195 per day	\$125 psych. testing \$125 physical exams	\$500 down with insurance \$2,000 down without insurance
Deaconess Medical Center CD Unit 1101 26th St S, Great Falls 59405- Bud Collins/761-1200, ext. 5570	22	28	63%	\$225 per day	Lab Extra (approx. \$17) E.E.G.	\$1,000 down payment depending upon income
Northern Montana CD Program PO Box 750, Havre 59501-0750 Sally Wood/265-9665	21	28	64%	\$195 per day	\$50 physical exam family week included	\$500 down without insurance sliding fee schedule
Rimrock Foundation PO Box 30374, Billings 59107-0374 David Cunningham/248-3175	45	28	79%	\$211 per day	\$135 psychiatric consultation (approximately)	variable down payment dependent upon insurance and income
Rimrock Foundation Adolescent Program PO Box 30374, Billings 59107-0374 David Cunningham/248-3175	20	35	N/A	\$221 per day	\$135 psychiatric consultation (approximately)	variable down payment dependent upon insurance and income
Ridgeview, St. James Community Hospital East 2500 Continental Dr, Butte 59701 Dr. Ken Welt/723-4341*	16	open ended	-	\$306 per day	physical, psych, lab extra \$50-\$75	\$500 down payment without insurance No interest payments for 3 years, then pay balance
Wilderness Treatment Center 200 Hubbart Dam Rd, Marion 59925 John Brekke/854-2832	20	60	96%	\$135 per day	\$200 special clothing \$200 physical & MMPI	\$1,000 down pmt w/insur + \$1,000 after 30 days; \$3,000 down w/o insurance + balance at discharge
Wilderness Treatment Center II Route 1, Box 245, Wilsall 59086 Steve Fairbanks/578-2511	30	60	N/A	\$135 per day	\$200 special clothing \$200 physical & MMPI	\$1,000 down pmt w/insur + \$1,000 after 30 days; \$3,000 down w/o insurance + balance at discharge
St. Patrick Hospital Alcohol Treatment Center 500 W Broadway, Missoula 59801 Dennis Maercklein/543-7271	14	28	71%	Treatment \$227 per day	physical, psych, lab extra	individually assessed
Glacier View Hospital 200 Heritage Way, Kalispell 59901 Harry Knowlton/752-5422	19	28	81%	\$237 per day includes family and aftercare \$207 average per day	medical history and physical \$125, psych. - \$112.50, Lab - \$72	\$2,500 down w/o insurance + pay balance in 10 months. Negotiable.
<b>Private Total</b>	259		70%			
<b>Public Inpatient Treatment Program Information:</b> Alcohol Service Center - Galen Montana State Hospital, Warm Springs 59756 John Weida/693-7363	72	28	84%	Based on ability to pay (up to \$73.60)	physical, lab, psych extra based on ability to pay	individually assessed
Lighthouse Drug Treatment Center - Galen Montana State Hospital, Warm Springs 59756 John Weida/693-7363	15	90	77%	Based on ability to pay (up to 87.72)	physical, lab, psych extra based on ability to pay	individually assessed
<b>Public Total</b>	87		83%	\$72 average per day		
<b>GRAND TOTAL</b>	346		73%	\$192		

\* not a state approved program. Does not report to Treatment Services Division, Chemical Dependency Bureau.  
\*\* from data reported to Treatment Services Division, Chemical Dependency Bureau. Does not include eating or gambling disorders.



The Habit routinely publishes articles or exxcerpts from articles that appear in nationally distributed publications primarily in the field of chemical dependency. Such articles are solely intended to be informational services to our readers and to make them aware of current trends and opinions on issues relating to chemical dependency. Such articles do not necessarily reflect the opinions or policy of the Chemical Dependency Bureau. Suggestions for noteworthy articles or opposing views to articles published are welcomes.

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CHEMICAL DEPENDENCY BUREAU

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